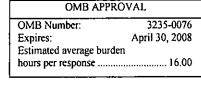
FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION

FORM D

Washington, D.C. 20549



142545



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Prefix		Serial					
	DAT	E RECEIVED					

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) 2008 Bridge Notes and Warrants	SEC Mail Processing
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [] New Filing [X] Amendment	CUIND
A. BASIC IDENTIFICATION DATA	APR 232008
Enter the information requested about the issuer	
Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)	vvashington, DC
CrossFire Technologies, Inc.	111
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
11409 Valley View Road, Eden Prairie, MN 55344-3617	952-994-4026
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PROCESSED
Manufacturer of configurable platform technology	P (KOOLOOLD
Type of Business Organization	MAY 0 2 2008
[X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed	
[] outsides that [] immed participant, to be formed	Month THOMSON REUTERS
Actual or Estimated Date of Incorporation or Organization:	[05] [03] [X] Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [MN]	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Atkinson, Kevin					
Business or Residence Address	(Number and Stre	et, City, State, Zip Code	e)		
11409 Valley View Road, Ede	n Prairie, MN 5	5344-3617			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Olson, Charles					
Business or Residence Address	(Number and Stre	et, City, State, Zip Code	e)		
11409 Valley View Road, Ede					
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[X] Executive Officer	[] Director	[] General and/or Managing Partner
Boler, Clifford					
Full Name (Last name first, if i	ndividual)				
11409 Valley View Road, Ede	n Prairie, MN 59	5344-3617			
Business or Residence Address	(Number and Stre	et, City, State, Zip Cod	e)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code	e)	<u></u>	
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code	e)		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code	e) .		-
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
Business or Residence Address	(Number and Stre	et, City, State, Zip Code	e)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B, INI	ORMAT	ION ABO	UT OFF	ERING					
1. Has 1	the issuer sold	, or does the	e issuer inte	nd to sell, to	non-accre	lited investo	ors in this o	ffering?			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No [] [X]
					Answer also	in Annend	lix Column	2, if filing t	ınder ULOI	3 .				
						••	•	,						£ 25,000
2. Wha	t is the minim	um investm	ent that will	be accepte	d from any	individual?.				****************	***************************************	*1*****	***************************************	
3. Does	the offering p	ermit joint	ownership (of a single u	nit?						***************************************			Yes No [X] []
solic regis	r the informati itation of purc tered with the ch a broker or	hasers in co SEC and/or	nnection w	ith sales of s e or states, l	securities in ist the name	the offering of the brok	g. If a perso cer or dealer	n to be liste . If more th	d is an asso	ciated perso	n or agent o	of a broker o	or dealer	
Full Nan	ne (Last name	first, if indi	vidual)											
	i Company	•	ĺ											
Business	or Residence	Address (N	umber and	Street, City,	State, Zip	Code)								
225 Sou	th 6th Street, S	Suite 4200,	Minneapol	lis, MN 554	102									
Name of	Associated B	roker or De	aler											
Feltl and	I Company													
States in (Che	Which Persor ck "All States"	Listed Has or check in	Solicited on Solicited of the solicities of the	r Intends to tates)	Solicit Pur	chasers				••••••			[] All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [XX] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [XX] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nan	ne (Last name			[***]	[,]	()	,	· · · · ·				,		
Business	or Residence	Address (N	lumber and	Street, City,	State, Zip	Code)			 					
Name of	Associated B	roker or De	aler											
States in (Che	Which Persor ck "All States"	Listed Has or check in	Solicited o	r Intends to	Solicit Pur	chasers	***************************************					***************************************	[] All States
	(AL) [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full Nan	ne (Last name												·	
Business	or Residence	Address (N	umber and	Street, City,	State, Zip	Code)		<u>.</u>						
Name of	Associated B	roker or Dea	aler							···································				
	Which Person ck "All States"												[] All States
	[AL] [IL] [MT] [RI]	(AK) [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if		-	·· ···
	answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt\$	-	\$	·
	Equity		\$	
	[] Common [] Preferred			
	Convertible Securities (including warrants)	1,000,000*	\$	600,000*
	Partnership Interests \$. \$	
	Other (Specify)		. \$.	
	Total	1,000,000	\$.	600,000
	ne securities offered consist of a note convertible into the class of equity securities issued in the Issuer's next equity financinuer's common stock.	g and a warrant	io purc	nase snares of tr
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
	or zero.	Number Investors		Aggregate Dollar Amour of Purchases
	Accredited Investors	13	_ \$	600,000
	Non-accredited Investors	0	\$	0
	Total (for filings under Rule 504 only)	-		
	Answer also in Appendix, Column 4, if filing under ULOE.		_	
•				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering.			
	Classify securities by type listed in Part CQuestion 1.	Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505		_ s.	
	Regulation A		_ \$ -	
	Rule 504		_ \$ -	
	Total		_ \$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate			
	Transfer Agent's Fees	[]	s	
	Printing and Engraving Costs	[]	s	
	Legal Fees	[X]	\$	30,000
	Accounting Fees	[]	s	
	Engineering Fees	[]	s	
	Sales Commissions (Specify finders' fees separately)	[X]	s	66,000
	Other Expenses (identify)	[]	s	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Total

96,000

[X]

	C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPEN	SES AND	JSE ()F PR	OCEEDS					
	b. Enter the difference between the aggregate offering price given in refurnished in response to Part CQuestion 4.a. This difference is the "ac	sponse to Part C-Question ljusted gross proceeds to the	l and total ex	penses			••••••	;	504,000		
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b above.										
						Payments to Officers, Directors & Affiliates			Payments to Others		
	Salaries and fees	•		[X]	s _	314,000	_[]	\$	20,000		
	Purchase of real estate			[]	s _	······	_ []	\$			
	Purchase, rental or leasing and installation of machinery and equipr	nent		[]	s		_ []	s			
	Construction or leasing of plant buildings and facilities		**********	[]	s		_ []	\$.			
	Acquisition of other businesses (including the value of securities in used in exchange for the assets or securities of another issuer pursuants.)	volved in this offering that rant to a merger)	nay be	[]	s _		_ []	s _			
	Repayment of indebtedness		•••••••	[X]	s	40,000	_ [X]	\$ _	25,000		
	Working capital			[]	s		[X]	\$ _	105,000		
	Other (specify):										
	Column Totals			[]	_	354 000	- ` '		150 000		
	Total Payments Listed (column totals added)			[X]	\$ [X]	354,000 \$ _504,000	_ [A]	•	150,000		
	D. FED	ERAL SIGNATURE									
ınde	ssuer has duly caused this notice to be signed by the undersigned duly autaking by the issuer to furnish to the U.S. Securities and Exchange Commisceredited investor pursuant to paragraph (b)(2) of Rule 502.										
ssue		gnature	H	[Date	4/17/08					
	Cross Fire Technologies, Inc. of Signer (Print or Type)	tle of Signer (Print or Type)	11>			7/17/08					
√ame	Kevin E. Atkinson	Chief Execut									

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
The	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.
İssı	CrossFire Technologies, inc. Signature Signature CrossFire Technologies, inc.
Nar	ne (Print or Type) Kevin E. Atkinson Title (Print or Type) Chief Executive Officer

Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to non-ac	ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK					<u> </u>		ļ		ļ
AZ								-	ļ
AR									
CA							<u>. </u>		
CO									
cr									
DE									
DC									
FL									
GA	•								
HI									
ΩI									
IL					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
IN									
IA	· · · · · · · · · · · · · · · · · · ·	- , ,			_			_	
KS									
KY					"				
LA									
ME					. \ .				
MD									
MA						· , ,,,,,, ,			-
Mi									
MN		X	525,000	11	525,000	0			x
MS	v .								
МО									
мт									
NE					-				
NV							<u> </u>		
NH		<u></u>							
NJ									
NM		X	75,000	2	75,000	0	 		X
NY	- :			-	, , , , , , , , , , , , , , , , , , , ,		 		
NC							1		· · · · · · · · · · · · · · · · · · ·
ND				<u></u>	+				

APPENDIX

1	Intend to non-a investor	1 to sell accredited is in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Атоип	Yes	No
ОН									
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT		-							
VA									
WA									
wv							<u> </u>		
WI									
WY					<u> </u>				
PR					<u> </u>	·			

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